

RECEIVED

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY
05 AUG 19 PM 12:09

CITY CLERK'S OFFICE

CHECK APPROPRIATE BOX:

☒ Original Appointment ☐ Deputy Treasurer ☐ Reappointment of Treasurer ☐ Secondary Depository

Name of Candidate

Joseph FONTANA

1. Address (include post office box or street, city, state, zip code)

*5750 COLLINS AVE.
MIAMI BEACH FLA 33140*

Telephone (optional)

305-861-0054

2. Party (Partisan candidates only)

3. Office (add district, circuit or group number)

COMMISSIONER GROUP I

I have appointed the following person to act as my

☒ Campaign Treasurer ☐ Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

JOSEPH FONTANA

5. Mailing Address (If post office box or drawer add street address)

5750 COLLINS AVE.

6. Telephone

305-861-0054

7. City

MIAMI BEACH

8. County

DADE

9. State

FLA.

10. Zip Code

33140

I have designated the following named bank as my

☐ Primary Depository ☐ Secondary Depository

11. Name of Bank

BANK of AMERICA

12. Street Address

407 Lincoln Road

13. City

MIAMI BEACH

14. County

DADE

15. State

FLA

16. Zip Code

33139

17. Signature of Candidate

X [Signature]

Date

Campaign Treasurer's Acceptance of Appointment

I, *JOSEPH FONTANA*, do hereby accept the appointment as
(Please Print or Type)

☒ Campaign Treasurer ☐ Deputy Treasurer

for the campaign of

JOSEPH FONTANA

who is seeking nomination or election as a

COMMISSIONER
(Party)

candidate to the office of

As a duly registered voter in

Miami - Dade

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

AUG. 19. 2005
Date

X [Signature]
Signature of Campaign Treasurer or Deputy Treasurer